

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

1. Article Number: **JB DOGM S/049/044** 11/12/04
 (Transfer to service label) 7099 3400 0016 8896 0457
 PS Form 3841, August 2001 Domestic Return Receipt 102535-02-1M-1540

2. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Yes
☐ No

3. Restricted Delivery? (Extra Fee)
☐ Yes
☐ No

4. Signature of Addressee
 Received by (Printed Name) **Henry Stewart**
 Date of Delivery **11/12/04**
 Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below.

5. Signature of Agent
 Received by (Printed Name) **Henry Stewart**
 Date of Delivery **11/12/04**
 Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below.

7099 3400 0016 8896 0457

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 If YES, enter delivery address below.

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 Received by (Printed Name) **Henry Stewart**
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 Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below.

6. Postmark Here

7. Recipient's Name (Please Print Clearly) (to be completed by mailer)
PAMELA KAYE - ATLANTIC RICHFIELD CO
317 ANACONDA RD
BUTTE MT 59701
 City, State, Zip+4

8. Postage & Fees
 Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

9. See Reverse for Instructions